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IMPORTANT NOTICE
TELECOPY/FACSIMILE COVER LETTER

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TO: U.S. Patent and Trademark Office
Examiner: Esaw T. Abraham
Art Unit: 2133

DATE: December 3, 2003

FROM: Anthony J. Orler

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 19

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MESSAGE:

RE: U.S. Patent Application Serial No.: 09/825,200; Our Ref. 81800.0153

I hereby certify that the following documents:

- Amendment/Amendment Transmittal Letter

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450,
Alexandria, VA 22313-1450, for filing in the above application.

December 3, 2003
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Diane Zynn

TELECOPY/FAX NUMBER: 703-746-7239

CLIENT NUMBER: 81800.0153

ATTORNEY BILLING NUMBER: 5097

CONFIRMATION NUMBER: (703) 305-7743 (please return fax to Diane Zynn)

FORM PTO-1083

Attorney Docket No. 81800.0153
Patent Application No. 09/825,200

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Yoshinori MURATA

Serial No: 09/825,200

Confirmation No.: 4130

Filed: April 2, 2001

For: Communication Terminal Device and Communication
Method Having An Error Correction Function
(Amended)

Art Unit: 2133

Examiner: Esaw T. Abraham

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Mail Stop Non-Fee Amendment
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P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

| | (Col. 1) CLAIMS REMAINING AFTER AMENDMENT | | (Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Col. 3) PRESENT EXTRA* | LG/SM \$ ENTITY FEE | | ADD'L FEE DUE |
|---|---|---|---|-------------------------------|--|------|------------------|
| TOTAL CLAIMS FEE | 24 | - | 24 | 0 | LG=\$18 SM=\$8 | \$00 | \$ 0 |
| INDEPENDENT CLAIMS FEE | 3 | - | 3 | 0 | LG=\$86 SM=\$43 | \$00 | \$ 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS | | | | | LARGE ENTITY FEE = \$290 SMALL ENTITY FEE = \$145 | | \$ 0 |
| Independent Claims: 1, 9, 17 | | | | | TOTAL | | \$ 0 |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

-- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.
- ☐ A check in the amount of \$ 0 to cover the extension fee is enclosed. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.By: *Anthony J. Orlert*Anthony J. Orlert
Registration No. 41,232
Attorney for Applicant(s)

Date: December 3, 2003

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